PTO/SB/06 (8-96)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 43064-0017 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) FOR **NUMBER EXTRA** NUMBER FILED RATE FEE RATE FEE • ::: **BASIC FEE** \$ 375 (37 CFR 1.16(a)) OR TOTAL CLAIMS 42 minus 20 -22 $x S_0 =$ 198 0 OR (37 CFR 1.16(c)) x \$ 9 = INDEPENDENT CLAIMS minus 3 = 3 42= 126 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 0 OR TOTAL 0 699 OR If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) **SMALL ENTITY** (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL AMENDMENT RATE MONAL AFTER **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR Total OR 37 Minus 42 = 0 x \$_0 = 0 0 (37 CFR 1.16(c)) x \$<u>0</u>= OR Independent *** Minus 8 6 0 0 0 0 =(37 CFR 3.16(b)) 0 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL OR 0 9/27/04 0 (Column 1) ADDIT. FEE (Column 2) ADDIT. FEE (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL MENT RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR 42 Total **AMEND** Minus 0 0 (37 CFR 1.16(c)) OR Independent *** Minus 0 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL OR 0 0 (Column 1) ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL AMENDMENT TIONAL RATE AFTER **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR Total OR Minus 0 = 0 (37 CFR 1.16(c)) OR Independent *** = Minus 0 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL OR 0 0 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.